

New Account Setup Form

for U.S. Business Customers

Please use this online editable form to open a new ReadyCare business account. No signature is required if completed online. Please allow 2 business days from receipt for review and account setup. Questions: (800) 477-4283.

Date (mm/dd/yy) Sales Rep Customer #

Section 1: General Info

Company Name
Main Phone#
Main Fax#

Business Type Corporation Proprietorship
 Partnership LLC Other
Federal ID #

Billing Address

City
State Zip

Shipping Address

City
State Zip

Primary Contact
Name
Title
Phone
Email

Accts Payable Contact
Name
Title
Phone
Email

Primary Contact
Name
Title
Phone
Email

Accts Payable Contact
Name
Title
Phone
Email

Payment Options (select one)

- Credit Card Pre-Payment (complete Section 2a)
 Wire Pre-Payment (skip to Section 3)
 Check Pre-Payment (skip to Section 3)
 Net 30 Terms (complete Section 2b)

Company Background

Yrs in Business
Yrs w/Present Mgmt

Tax-Exempt Status

Yes No (include copy of certificate)

Tax-Exempt #

Reseller Status

Yes No (include copy of certificate)

Resale Certificate #

Section 2a: For Credit Card Prepayment

Type of Credit Card Visa Mastercard AMEX
Name on Card
Card Number
Exp Date (mm/yy)
Security Code

Card Billing Address

City
State Zip

Section 2b: For Net 30 Terms

Financial Reference

Bank Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> Zip <input type="text"/>

Account #	<input type="text"/>
Bank Officer Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/> Zip <input type="text"/>

Commercial References (3 Required)

Company Name #1	<input type="text"/>
Contact	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

Company Name #2	<input type="text"/>
Contact	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

Company Name #1	<input type="text"/>
Contact	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

Company Name #2	<input type="text"/>
Contact	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

Section 3: Special Instructions

Purchase Order Required	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Accept Truck Delivery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lift Gate Needed to Deliver	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Inside Delivery Required	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Other Special Instructions (Describe)

Section 4: Authorization

By selecting "I Agree" and including your name and title below, you authorize Ready Care Industries to establish a new business account for your company as outlined on this form, and you are a principal, director or officer of the company with the authority to make this authorization. If you selected pre-payment by credit card, you verify the accuracy of the credit card information provided, you are an authorized user of this credit card, and you are providing permission to Ready Care Industries to charge this credit card for the amount due on your current order and future orders until instructed otherwise. If you selected Net 30 Terms, you authorize Ready Care to inquire about your company's financial and business relationships and credit history. As a principal, director or officer of the company, you, individually, jointly or severally, guarantee the payment of any and all future obligations of your company which may be owed to Ready Care Industries, or its affiliates, upon demand including reasonable attorney's fees and all costs and other expenses incurred by Ready Care Industries in collecting any indebtedness. This is a continuing guarantee and may be revoked only in writing by delivery to Ready Care Industries at 15845 E. 32nd Ave, Suite 2A, Aurora, CO 80011, via certified mail, but such revocation will be effective only as to transactions entered into after Ready Care Industries' receipt of the notice of revocation. You agree that the venue for any suit arising out of this agreement shall be, in addition to any place allowed by law, Adams County, Colorado. Should it be necessary for us to employ an attorney to remedy a breach of this agreement or to collect any amount due, you agree to pay our reasonable attorney's fees, costs and expenses.

<input type="checkbox"/> I Agree	Authorizer's Name	<input type="text"/>	(Must be a corporate officer)
	Authorizer's Title	<input type="text"/>	

- Ways to Submit**
- Save completed form and email it to your acct manager or info@readycare.com
 - Print completed form and fax to ReadyCare at (800) 456-6721

About ReadyCare

ReadyCare is a leading provider of personal care amenities, supplies and private label solutions to world-class hotels, spas, health clubs and golf clubs. For over 25 years, Denver-based ReadyCare has helped thousands of properties deliver great member and guest experiences by ensuring their personal care offering aligns with their brand and their customers.

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